## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |    |         |    |     |  | PAGE | 2 | 23 | OF |  | 45 |  |
|------------------|----|---------|----|-----|--|------|---|----|----|--|----|--|
| (c               | he | ck only | or | ne) |  |      |   |    |    |  |    |  |
| [                | X  | 11a     |    | 11b |  | 11c  |   | 12 |    |  |    |  |
|                  |    | 13      |    | 14  |  | 15   |   | 16 |    |  | 17 |  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than using t                     | he name and address of any political committee to | o solicit contributions from such committee. |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) IKARIA POLITICAL ACTION (              | COMMITTEE -AKA- IKAREPAC                          |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Jane Q. Li                | Date of Receipt                                   |  |  |  |  |  |  |
|  | 53 Frontage Road, Third Floor                     |  |  |  |  |  |  |
| City   | State Zip Code                                    | Transaction ID : PR730637614504              |  |  |  |  |  |
| Hampton  | NJ 08827-4032                                     | Amount of Each Receipt this Period           |  |  |  |  |  |
| FEC ID number of contributing federal political committee.         | C   | 1045.00                                      |  |  |  |  |  |
| Name of Employer   | Occupation  | -  |  |  |  |  |  |
| Ikaria   | Drug Safety Manager                               |  |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                          |  |  |  |  |  |  |
| Primary General  Other (specify) ▼                                 | 1045.00   | P/R Deduction (\$95.00 Bi-Weekly)            |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Michael S. Donoviel Ph.D. |   |  |  |  |  |  |  |
| Mailing Address 18 Beech Bark Place                                | 06 30 2015  |  |  |  |  |  |  |
| City The Weedler de  | State Zip Code                                    | Transaction ID : PR732117014504              |  |  |  |  |  |
| The Woodlands  | TX 77382-5747                                     | Amount of Each Receipt this Period           |  |  |  |  |  |
| FEC ID number of contributing federal political committee.         | C   | 325.00                                       |  |  |  |  |  |
| Name of Employer   | Occupation  | 1  |  |  |  |  |  |
| Ikaria   | Medical Science Liason                            |  |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                   | Aggregate Year-to-Date ▼  325.00                  | P/R Deduction (\$25.00 Bi-Weekly)            |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Robert J. Bontempi Jr  |   |  |  |  |  |  |  |
| Mailing Address 12 Quay Court                                      |   | 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |  |  |  |
| City   | State Zip Code<br>NY 11721-1631                   | Transaction ID : PR740128914504              |  |  |  |  |  |
| Centerport   | NY 11721-1631                                     | Amount of Each Receipt this Period           |  |  |  |  |  |
| FEC ID number of contributing federal political committee.         | C   | 650.00                                       |  |  |  |  |  |
| Name of Employer   | -   |  |  |  |  |  |  |
| Ikaria   | MGR FIELD SALES                                   |  |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                          |  |  |  |  |  |  |
| Primary General  Other (specify) ▼                                 | 650.00  | P/R Deduction (\$50.00 Bi-Weekly)            |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                          | <b></b>   | 2020.00                                      |  |  |  |  |  |
| TOTAL This Period (last page this line number                      | er only)  |  |  |  |  |  |  |